

chapter **1**

The Critical Care Nurse



LEARNING OBJECTIVES

At the end of this chapter, the student will be able to:

- 1 Describe the goals of choosing a career in nursing.
- 2 Describe the education behind a career chosen in critical care.
- 3 Explain the synergy model and how it can impact positive outcomes for critical care patients.
- 4 Discuss the regulatory issues that impact the critical care nurse and environment.
- 5 Explore future challenges to the critical care nurse.

KEY TERMS

AACN – American Association of Critical-Care Nurses	IHI – Institute for Health Care Improvement
AJN – American Journal of Nursing	Intensivist
ANA – American Nurses Association	IOM – Institute of Medicine
CCRN – Critical Care Registered Nurse	JCAHO – Joint Commission on Accreditation of Healthcare Organizations
CCU – coronary care unit	Magnet Institution
CEU – continuing educational unit	NCLEX – National Council of Licensing Examinations
Closed units	NLN – National League for Nursing
Competencies of critical care	SCCM – Society of Critical Care Medicine
HIPAA – Health Insurance Portability and Accountability Act	Sentinel events
HRSA – Health Resources and Services Administration	Synergy model
ICU – intensive care unit	

Introduction

1 Choosing a career in nursing should be a life’s pathway—a desire to heal, protect, and serve others. Caring for patients competently is a calling that is not meant for everyone. It is hard work with numerous challenges, as well as rewards. It takes a very strong, smart individual to work in nursing and requires frequently working from the heart as well as the mind. Critical care nursing requires a nurse to have additional skills. The critical care nurse needs to

- Be well versed in advanced pathophysiology
- Be adept and calm while treating patients in environments that require quick decision-making skills under life-threatening conditions
- Stay abreast of changing advanced technology to preserve organ function
- Coordinate the care with multiple influencing factors
- Provide leadership in the management of care and
- Coordinate the multiple disciplinary team

A life in nursing, although comfortable, will not make you a millionaire, but it will provide steady, worthwhile, satisfying employment for those with the moral strength, smarts, stamina, and savvy. Working as a critical care nurse requires more training and hard work in order to be and stay competent within the field.

Education and Experience

2 Nurses are the heartbeat of a smooth-running operation in any health care setting. Nurses are obligated to know just about everything regarding health care: the status of their patients, family information, legalities of care, physician interventions, nutrition, counseling, teaching, mentoring new health care workers and even staffing protocols of professional as well as nonprofessional personnel. We are the last link in the line of safe care of patients, families, and communities.

Nurses could be referred to as the “guardians of humanity” and the “sentinels of society,” with good reason. There are few excuses for making mistakes and jeopardizing the lives of those entrusted to our care. As nurses, we must do it right the first time and every time! The consequences of performance below the standard of care can be disastrous.

Therefore, it is important to realize that the critical care nurse’s accumulated knowledge extends beyond one’s basic level of nursing education. Whether a graduate of a bachelors of science in nursing (B.S.N), associate’s degree, or diploma program, a novice nurse is still an entry-level nurse. Due to the need to master and coordinate many cognitive and psychomotor skills, it is ideal that a nurse gains experiences prior to entering the critical care environment. Most employers require experience in medical-surgical nursing as a stepping-stone into critical care. It is very tough to accept a first job comfortably upon graduation in the critical care areas. And a very strong, supportive, prolonged preceptorship is needed to take new graduates into this type of environment without them experiencing much trauma in the socialization process.

Most acute care hospitals offer a 6- to 12-week critical care course and a lengthy orientation period for those nurses who want to increase their knowledge base and work in critical care areas of the hospital. Critical care areas are usually defined as intensive care, postoperative recovery, burn, emergency care, and telemetry units. Nurses need to have a sound knowledge and mastery of medical-surgical skills like intravenous therapy, medication administration, fluid and electrolyte monitoring, etc., prior to entering critical care training. Length of time in the medical-surgical areas will vary according to institutional policies.

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Critical care nursing is highly technical and is generally considered beyond the level of a new graduate. Often, experience in medical-surgical nursing is required prior to entering the critical care environment.

Standards, Organizations, and Certification: Promoting Excellence

Standards

Nurses must be patient advocates, know the law, and practice their profession ethically, according to established standards of care. Such expectations require that nurses have professional knowledge at their level of practice and be proficient in technological skills. Nursing Standards of Care are guidelines within the profession that ensure acceptable quality of care to our patients. They also announce to the public what nurses can do. Law, health care institutions, and professional organizations develop standards. An example of such standards is the Nurse Practice Act, which defines the boundaries of nursing practice according to individual states.

Critical care nurses also have standards of care, and these standards provide a framework for the quality of care delivered by the nurse as well as a guide for how care is to be delivered. The Standards of Care for Acute and Critical Nursing are based on the Nursing Standards and the nursing process. They can be found on the American Association of Critical-Care Nurses' (AACN) web site under Clinical Practice. Table 1–1 summarizes those standards.

	Standard	Description
I	Assessment	The nurse caring for acute and critically ill patients collects relevant patient health data.
II	Diagnosis	The nurse caring for acute and critically ill patients analyzes assessment data in determining diagnoses.
III	Outcome identification	The nurse caring for acute and critically ill patients develops plans of care that identify individualized, expected outcomes for patients.
IV	Planning	The nurse caring for acute and critically ill patients develops plans of care that prescribe interventions to attain expected outcomes.
V	Implementation	The nurse caring for acute and critically ill patients implements interventions identified in the plans of care.
VI	Evaluation	The nurse caring for acute and critically ill patients evaluates patients' progress toward attaining expected outcomes.

From AACN web site at <http://www.aacn.org/WD/Practice/Content/standards.for.acute.and.ccnursing.practice.pcms?menu=Practice>.

Organizations

The critical care nurse can be part of many different organizations, from the nurse's place of employment to local, state, and nationally recognized professional organizations. One of the first places a nurse is employed is the organization the nurse chooses. There are many organizational influences that create job satisfaction for the nurse entering those places. Many studies have been done on what creates a healthy work environment, and the AACN has been a voice to promote critical care nurses staying at the bedside. The leading factors for a nurse's job satisfaction and magnet-drawing institutional attributes are listed. Magnet-drawing institutions are designated as tops in their field in Table 1–2.

The nurse needs to be mindful of these healthy work environments and will adjust better if his or her philosophy of nursing fits with the organizational philosophy. Frequently, this does not occur until the nurse is well entrenched in the position. However, the astute nurse will do homework before committing to an institution. Attending job fairs sponsored by the organization, checking if the institution has Magnet status and talking to friends that are employed there. Reviewing such research can help the nurse make a wise decision for a healthy, rewarding, growing experience. Besides institutions, the nurse is also influenced by national organizations.

TABLE 1–2 Nurses' Work Satisfaction Elements and Organizational Attributes Drawing Nurses

Nurses' Work Satisfaction Elements	Magnet-Organizational Attributes
Pay	Clear work values
Autonomy	Nurse autonomy Self-governance
Clear delineation of tasks/duties	Quality patient care conditions
Sound organizational policies	Organizational support and structure
Fostering of environment of formal and informal interactions	Input and control over work environment
Status and respect for professional status	Respectful, collegial nurse-physician interactions Productivity Educational opportunities

NURSING ALERT

Nurses need jobs where they can thrive and grow. They should ask questions about organizations and compare these data to their own philosophies. A good place to start is with a person the nurse knows who works within the organization.

After graduating, nurses must pass the National Council Licensing Examination (NCLEX) to become licensed as Registered Nurses to practice their profession. The National League for Nursing (NLN) accredits most bona fide nursing programs. As nurses, we should work together to promote excellence within the field, hence the development of professional organizations. The goal of professional organizations is to set standards for professional competence and to assure the public of the quality and availability of the nursing services that are provided. Laws are in place to protect the public from poorly prepared nurses and to prevent the lack of standards in preparing such nurses. These measures, when combined with state licensure laws, assure the public that nurses are competent professionals, with safe standards of practice and appropriate ethical beliefs. For example, practice guidelines for the critical care nurse are developed by the AACN.

Professional associations also serve to communicate information to their members via newsletters, emails, conferences, or journals. Such items of interest may include pending legislation and political issues affecting nursing and health care.

Associations such as the AACN provide many different beneficial services to critical care nurses. They also

- Provide continuing education courses and free, unlimited on-line continuing education credits
- Encourage involvement in local chapters and at regional and national levels
- Provide additional educational resources
- Provide awards, grants, and scholarships
- Give the nurse an opportunity for leadership outside the job environment

The AACN is not the only organization that critical care nurses can belong to. There are many organizations that can benefit from the wisdom of nurses working in the field. The Society of Critical Care Medicine (SCCM), the American Heart Association, the American Lung Association, and the Hospice and Palliative Nurses Association all have nurses as members of their boards.

Although these organizations do not all represent nurses, nurses can have a strong voice in the path health care takes by working with other nurses, health care professionals, and the lay public.

Membership in professional organizations is recommended for nurses. They provide a source of empowerment and a collective voice for nurses where their concerns can be heard and their value as professionals is recognized.

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Critical Care Nursing Organizations exist to tell the public what critical care nurses do. They provide an invaluable service to nurses by providing standards, guidelines for practice, and a communication vehicle for change and education.

Certification

Many nurses specialize in their specific areas of practice and obtain additional certification beyond licensure to demonstrate expertise in their field of practice. The CCRN, or Critical Care Registered Nurse, is one of the certifications that can be obtained through the AACN. There are many different certifications that can be obtained from the AACN. Table 1–3 lists all of the currently available ones and within the critical care they involve.

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In order to provide excellence in care, a nurse should become certified in a specific area of critical care nursing.

TABLE 1–3 Certifications Available from AACN

CCRN	Adult, Neonatal, and Pediatric Acute/Critical Care Nursing Certification
PCCN	Progressive Care Nursing Certification
CMC	Cardiac Medicine Subspecialty Certification
CSC	Cardiac Surgery Subspecialty Certification
ACNPC	Acute Care Nurse Practitioner Certification
CCNS	Adult, Neonatal, and Pediatric Acute Care Clinical Nurse Specialist Certification
CNML	Nurse Manager and Leader Certification

Communication and Health Care Team Members: Calling the Shots

To establish and maintain trust in the delivery of health care, the nurse must be a successful communicator, which requires self-confidence, self-discipline, and respect and tolerance shown toward others. Physicians demand information, co-workers are stressed, families are frightened, and patients feel helpless. Therefore, it is essential for the nurse to practice strong interpersonal dynamics, both verbally and nonverbally. To promote positive health team interactions, nurses must not be defensive and must remain nonjudgmental as to the beliefs, cultures, and lifestyles of others. Professional nurses must also be perceptive of the needs of others in the delivery of high-quality patient care. A truly effective communicator is also an interested and active listener. Active listening is a reliable tool that is useful when dealing with numerous issues surrounding patients, families, and staff members. To maintain the loyalty and cooperation of colleagues and co-workers, their concerns must also be addressed and active listening skills employed and listened to.

In addition to providing hands-on quality patient care, critical care nurses also serve as mentors, leaders, teachers, communicators, and organizers of their clinical units. The critical care nurse, in the ideal situation, works harmoniously with a multidisciplinary team that includes: other professional nurses, physicians; medical students, pharmacists, residents, student nurses, licensed practical nurses, nurse's aides, dietitians, and physical, occupational, and respiratory therapists, as well as social workers, case managers, physician assistants, unit clerks or secretaries, and even maintenance and housekeeping workers.

Such enormous juggling requires almost superhuman qualities and efforts of the professional nurse to smoothly coordinate such daunting tasks, as well as prevent communication breakdowns. The critical care nurse must also deal with uncertainty and volatile changes in the workplace, like downsizing, increased responsibility for nosocomial infections, and substitution of the registered nurses with unlicensed health care providers. The nurse needs to develop tolerance for ambiguity and an increase in understanding of the political nature of health care, and see changes as an opportunity to expand the profession.

An attitude of respect for other health team members and their contributions, regardless of their status, is crucial. The end result is a job well done. With respect comes job retention, trust, loyalty, work commitment, and increased productivity. The delivery of adequate and sufficient health care will dramatically suffer without the benefits or efforts of effective communication.

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Communication skills and leadership are essential characteristics of the critical care nurse. The AACN has touted these to be essential elements for a healthy work environment.

Defining the Critical Care Nurse

3 So what is a critical care nurse? A critical care nurse is someone who directly administers nursing care to patients who are critically ill or injured. In order to set aside what is unique about critical care nursing, the AACN has clearly defined eight critical care competencies that encapsulate the functions of these nurses. Table 1–4 sets aside these competencies, which can be found at the AACN web site (www.aacn.org, last accessed August 4, 2010).

The AACN has also set aside the role responsibilities of the bedside nurse. These include the 10 roles listed in Table 1–5 and can be found at the AACN web site. These competencies are part of the synergy model the AACN developed in the 1990s. The synergy model is used as a guide to help with certified critical care practice. It is based upon the assumptions that (1) patient characteristics are a driving force to nurses, (2) nursing competencies are needed to attend to patient needs, (3) the patient characteristics are a driving force behind the critical care competencies, and (4) when the patient characteristics and nursing competencies are in harmony, optimal patient care and outcomes are achieved. The following patient characteristics drive the nursing competencies:

Resiliency	Participation in care
Vulnerability	Participation in decision making
Stability	Predictability
Complexity	
Resource availability	

AACN Standards for Critical Care

The most common role for the critical care nurse is administering care to the patient at the bedside. Some critical care areas have set job ladders in relationship to these standards from novice critical care nurse to expert using Patricia Benner's model. This opportunity allows growth, professional recognition, and remuneration for staying at the bedside.

TABLE 1–4 Eight Critical Care Competencies

1. Clinical inquiry	Ability to question and evaluate practice in an ongoing manner, using evidence-based practice instead of tradition.
2. Clinical judgment	Use of competent data collection with a more global grasp of signs/symptoms; implementation of nursing skills with a focus on decision making and critical thinking.
3. Caring	Implementation of a compassionate, therapeutic, and supportive environment in providing care to patients when interacting with families and other health care providers.
4. Advocacy	Ability to protect and support the basic rights and beliefs of patients and families.
5. Systems thinking	Negotiating and navigating within the system of health care to provide resources that benefit the patient and family.
6. Facilitator of learning	Promote and provide opportunities for formal and informal learning for patients, families, and members of the health care team.
7. Response to diversity	Analyzing and implementing care based on differences in sociocultural, economic, gender, and cultural-spiritual aspects of patients, families, and other members of the health care team.
8. Collaboration	Capitalizing on the unique contributions made by each person in achieving positive outcomes based on collaboration with patients, families, and members of the health care team.

This model serves to help with graduate and undergraduate education as well as hospital patient evaluation systems. The AACN also uses the model for specialty certification.

Regulatory Issues That Impact the Critical Care Environment

4 There are many areas in critical care that are impacted by regulatory issues. The areas most impacted include patient safety, closed versus open units, and confidentiality and privacy.

TABLE 1–5 AACN 10 Critical Care Nurse’s Role Responsibilities

1. Support and respect for the patient’s autonomy and informed decision making
2. Intervening when it is questionable about whose interest is served
3. Helping the patient to obtain the necessary care
4. Respecting the values, beliefs, and rights of the patient
5. Educating the patient/surrogate in decision making
6. Representing the patient’s right to choose
7. Supporting decisions of patient/surrogate or transferring care to an equally qualified critical care nurse
8. Interceding for patients who cannot speak for themselves and who require emergency intervention
9. Monitoring and ensuring quality care
10. Acting as liaison between the patient/significant others and others on the health care team

Patient Safety

Patient safety issues have become prominent in the last decade. The Institute of Medicine (IOM) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) have a direct impact on the quality of care in health care institutions. Reported errors are often called sentinel events and include unplanned extubations; dysfunctional ventilators; inadvertent removal of drains, lines, or catheters; medication errors; and infusion device failures.

In 2000, the IOM concluded that there should be an emphasis on error disclosure and reporting. The AACN, IHI (Institute for Health Care Improvement), and JCAHO are working to create a culture of safety and reporting in order to be proactive in preventing errors. One of the many suggestions by the IOM included limiting the hours that critical care nurses work. As a result of acuity, understaffing, and other factors, nurses frequently work long hours, which increases the incidences of near errors or errors. The IOM recommends that nurses work fewer than 60 hours per week and fewer than 12 hours in a 24-hour period.

Closed Versus Open Units

Critical care patients require an increased knowledge base in those that minister to their care. An intensivist is a physician who specializes in the care of

critical care patients. When a critical care intensivist is used, the Health Resources and Services Administration (HRSA) reports a decrease in costs, an increase in quality of life, and a decrease in mortality rates.

Confidentiality and Privacy

All nurses are morally and ethically bound to maintain the confidentiality and privacy of their patients. Nowhere is this more of an acute issue than in the tight confines of critical care units. With the advent of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the confidentiality of patient medical information is paramount for health care workers. Sharing of information about the patient is on a need-to-know basis only.

Future Challenges for the Critical Care Nurse

5 The future challenges for critical care nurses come in many forms but include economic, staffing, and educational issues.

Economic Challenges

With increased diversity, age, and mobility of the population and increased use of technology, critical care nurses face challenges that will require dedication, perseverance to allow voices to be heard, and the smarts to enact change. A multilingual population is growing (in large numbers); therefore, it will be essential that the critical care nurse becomes more culturally competent in advocating and planning care for this unique group of individuals and families.

As the world becomes flatter and more mobile, the nurse needs to be aware of the risk of infection, which can create epidemics and pandemics. With the results of the swine flu and sudden acute respiratory distress syndrome (SARS) epidemics, the critical care nurse needs to keep abreast of current affairs and be an educator to prevent as well as treat disease. Communities are canvassing the health care professions seeking opportunities to help in local, national, and worldwide efforts to contain disease.

The advances in technology have yielded amazing and startling changes in the way we live and work. Critical care nurses must meet the challenge of staying abreast of but not be swallowed by the technology, always keeping in mind

that there is a patient, family, or significant other that needs the healing touch a nurse can provide.

Staffing Challenges

As the population ages there is an emergence of chronic and new illnesses. Also, the average age of nurses is now mid-40s, and many will retire in the coming decade. The worry of who will provide and coordinate care causes much discussion yet inspires action in many professional organizations. Critical care nurses find themselves frequently overworked and stressed. Added to this is the need to assist and monitor the care of nonprofessional nurse extenders. Many times nurses might find themselves experiencing moral distress due to this challenge.

Moral distress is caused by a situation where the nurse knows the right thing to do but is prevented from doing it because of institutional restraints. Institutional restraints may range from lack of perceived or actual personal authority to lack of resources to do what the nurse feels is morally right. Moral distress is widely touted as a reason why nurses leave nursing. In order to help combat the incidence of moral distress the AACN has developed the 4A's model, which is comprised of ask, affirm, assess, and act (Table 1–6). This model was developed in order to help critical care nurses handle situations and have a course of action if they become subject to moral distress.

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A nurse needs to be ever vigilant to assess for signs and take action to prevent moral distress.

TABLE 1–6 The 4A's Model of Assessing for and Preventing Moral Distress

Ask	"Am I experiencing or showing signs of suffering?"
Affirm	"Am I taking care of myself personally and professionally?"
Assess	"Where is my distress coming from?"
Act	"Am I developing an action plan to prevent this suffering? Who can help me? Is there institutional or unit help that can be instituted?"

Educational Challenges

There are many educational challenges that will be facing the critical care nurse in the coming years. Included in these challenges are the education of new critical care nurses and the graying of nurse educators, improving collegiality among critical care nurses, and mandating continued educational credits.

Disastrous results can occur as the recently licensed nurse is unmercifully “thrown to the lions” without the benefit of sufficient guidance and experience. If not nurtured and supported, novice nurses become immediately overwhelmed by the high levels of demands and responsibilities placed upon them. They become discouraged, disenfranchised, and sometimes angry with the profession and leave nursing, thus worsening today’s nursing shortage. Most nurse leaders are savvy to the loss of revenue in constantly reorienting new nurses and have learned to provide an organized, systematic, healthier work environment where the education of new nurses is fostered.

It is recommended that new nurses receive adequate mentoring and work in acute care settings for several years to develop the necessary organizational, leadership, and patient care skills prior to assuming a critical care position.

The same can be said of nurse educators, whose average age is in the mid-50s and who are actively retiring. Many nurses obtain the required credentials to teach and must balance the love of teaching with the lack of salary, distress of mastering three content areas (critical care research, education, and leadership), lack of clinical placements, and increased workload. Colleges need to recognize and provide funding for those nurses interested in jobs as nurse educators. Educators need to continue to vocalize the challenges they face and network with shareholders of power to plan for the future.

Since nurse educators are viewed as experts in their specialties and as people that student nurses turn to for answers and problem solving, they must live up to those expectations. Just as an infant learns to walk, so must the new nurse.

Curriculums should be designed to teach nursing skills at a beginning and elementary level, while gradually increasing the challenges and difficulties of the learning experiences.

NURSING ALERT

New nurses as well as nurse educators need the time and guidance to mature as experts in their specialties.

NURSING ALERT

To develop and maintain autonomy as professional nurses, we must continue to be actively creative and dedicated in our roles.

Currently, most US states are mandating that professional nurses obtain 30 continuing education units (CEUs) per year to remain licensed in nursing. This mandate is a positive step toward maintaining practice updates, evidence-based nursing, and credibility in nursing. Some nurses view this as a step forward; right now, all nurses need to do to renew their license is send in a check. Further education is one of the ways we can keep current and improve practice. Mandatory continuing education has also created much angst among those nurses who are near retirement age or considering retirement. To them, this mandate for additional educational credits has created a financial burden unpaid for by employers due to the current economic downturn. As a result of these new mandates, such individuals have decided to surrender their licenses and become inactive participants in nursing. After many years of dedicated service, this loss of seasoned nurses, who perhaps still had much to offer our profession as mentors and leaders, will now contribute to the nursing shortage.

Challenges facing critical care nurses in the future are not insurmountable. If nurses put their backbones into a task, the task will be completed, often with grace, kindness, and a wish for harmony and care. It is with education, experience, standards, organizations, certifications, and effective and skillful communication that critical care nurses will always be on the cutting edge. We continue to rank highest in the most respected professions, according to the Gallup poll, and we want to maintain this high public trust.

Recalling a True Story

Many years ago, there was a girl who wanted to be a nurse. Being one of three children, financially she couldn't afford a 4-year degree; she took the shortcut, earning an LPN instead. After working at a hospital, she became interested in critical care, but at that time she felt she was limited to practice there unless she obtained her RN. It took her 5 years of hard work to obtain her baccalaureate in nursing, but the hospital helped financially. Feeling she needed more education, she was the first at the hospital to obtain a CCRN and provided leadership by instituting the critical care procedure committee. Still sensing she needed further education, she enrolled in a distant university to complete her master's degree. She is now working on a doctorate, enjoys writing and editing texts, and loves teaching critical care to her students. Life has been a satisfying journey for her. This story illustrates how education is important to the satisfying career of a nurse.

REVIEW QUESTIONS

- 1. A seasoned critical care nurse is explaining the use of effective communication techniques to a novice nurse. This should consist of**
 - A. Interrupting others when they are speaking
 - B. Keeping facial expressions the same
 - C. Inability to maintain eye contact
 - D. Listening actively
- 2. A critical care nurse is taking care of a patient who is nonverbal from the new insertion of a tracheostomy. Explain the best way for the nurse to communicate with the nonverbal patient.**
- 3. List some reasons why an elderly patient in an ICU may not want to complain about his or her pain level.**
- 4. A critical care nurse is working from the patient's perspective when mediating between a physician who prescribes blood and a patient who is morally opposed to receiving blood products. The critical care competency that this most likely applies to is**
 - A. Caring
 - B. Advocacy
 - C. Clinical inquiry
 - D. Clinical judgment
- 5. The landmark study that poses to all critical care nurses that there should be a culture of safety is**
 - A. To Err Is Human
 - B. The Nurse Practice Act
 - C. The Standards for Acute and Critical Care Nursing
 - D. The Synergy model
- 6. A critical care nurse is examining the progress of a patient with a spinal cord injury toward rehabilitation after a motor vehicle crash (MVC). The nurse is looking at the outcomes determined by another nurse. The part of the Standards of Care for Critical Care Nursing this nurse is addressing is**
 - A. Assessment
 - B. Diagnosis
 - C. Implementation
 - D. Evaluation

7. A new graduate is asking a critical care nurse what the initials CMC after her name mean. CMC means the critical care nurse is certified in
- A. Cardiac Surgery Subspecialty
 - B. Cardiac Medicine Subspecialty
 - C. Progressive Care Nursing
 - D. Clinical Nurse Specialist
8. There remains an increase in sentinel events in the critical care areas. Which of the following is a sentinel event?
- A. Planned extubation
 - B. Use of infusion devices
 - C. Inadvertent removal of drains, lines, or catheters
 - D. Preventing medication errors
9. What is moral distress and why is it a significant issue to critical care nurses?
10. According to the IOM, in order to promote safety, critical care nurses should:
- A. Work fewer than 40 hours per week
 - B. Work fewer than 10 hours per day
 - C. Work fewer than 60 hours per week
 - D. Work fewer than 18 hours per day

ANSWERS

CORRECT ANSWERS AND RATIONALES

1. D. An effective communicator is perceptive of the needs of others and will gain their trust and respect through active listening.
2. Ask the patient “yes” or “no” questions that require the patient to nod for “yes” or move the head from side to side for “no.” If the patient can write, provide the patient with paper and pencil to communicate. The nurse can also use illustrations found on communication boards to indicate the patient’s concerns, such as being cold or in pain.
3. Elderly patients do not want to be viewed as problem patients or a bother to busy nurses who do not have time to listen to their complaints. Elderly individual might also believe that their discomfort is a normal part of the aging process, which they must learn to accept as a normal part of growing old.
4. B. Advocacy is the role of the critical care nurse in the nurse’s ability, to speak to patients and families and to protect and support their basic rights and beliefs. In this case it is the right of a patient to refuse treatment if he or she is morally opposed to it. The nurse is caring, but caring involves compassion; the nurse’s role goes beyond this in mediating between the patient and the physician.

5. A. "To Err Is Human" is a brief that was published by the IOM.
6. D. Evaluation is always done on outcomes established by another critical care nurse and is the last step in the process. All others must come prior to performing the evaluation.
7. B. CSC is Cardiac Surgery Subspecialty; PCCN is Progressive Care Nursing; CCNS is Clinical Nurse Specialist.
8. C. Sentinel events are unplanned and can result in patient injury. The following are considered sentinel events: unplanned extubations; dysfunctional ventilators; inadvertent removal of drains, lines, or catheters; medication errors; and infusion device failures.
9. Moral distress is created when the critical care nurse knows the right thing to do but institution pressure/policies prevent the nurse from doing the right thing. This can lead to burnout if it is not resolved.
10. C. The IOM recommends fewer than 12 hours in a 24-hour period and fewer than 60 hours per week.